

Well-Being Function: Relocation Support

In the first set of columns mark the number, that indicates how important each program element is to you and your family. In the second set of columns, mark the number that indicates how well the program is performing for you and your family.

	IMPORTANCE						PERFORMANCE					
Quality of ACS Relocation Service	Most Important	Very Important	Generally Important	Somewhat Important	Not Important	N/A	Outstanding	Very Good	Average	Not Very Good	Poor	N/A
QUALITY OF TRAVEL INFORMATION FROM ACS	6	5	4	3	2	1	6	5	4	3	2	1
QUALITY OF COMMUNITY RESOURCE BOOK FROM ACS	6	5	4	3	2	1	6	5	4	3	2	1
QUALITY OF ACS LENDING CLOSET	6	5	4	3	2	1	6	5	4	3	2	1
QUALITY OF CUSTOMER SERVICE RECEIVED AT ACS	6	5	4	3	2	1	6	5	4	3	2	1
ACCESSIBILITY OF RELOCATION SERVICES AT ACS	6	5	4	3	2	1	6	5	4	3	2	1
QUALITY OF NEWCOMERS ORIENTATION PROGRAMS AT ACS	6	5	4	3	2	1	6	5	4	3	2	1
QUALITY OF PERMANENT CHANGE OF STATION COUNSELING BY ACS	6	5	4	3	2	1	6	5	4	3	2	1
QUALITY OF COMMAND SPONSORSHIP BY THE UNIT	6	5	4	3	2	1	6	5	4	3	2	1
QUALITY OF COMMUNITY SUPPORT UPON ARRIVAL	6	5	4	3	2	1	6	5	4	3	2	1
QUALITY OF ONE STOP IN-PROCESSING PROGRAM	6	5	4	3	2	1	6	5	4	3	2	1
QUALITY OF EXPERIENCE WITH POST LODGING	6	5	4	3	2	1	6	5	4	3	2	1
QUALITY OF EXPERIENCE WITH POST HOUSING	6	5	4	3	2	1	6	5	4	3	2	1

Comments/Recommendations: Please provide an explanation for area(s) rated either “not very good” or “poor”.

Relocation Support:

BACKGROUND INFORMATION:

READ CAREFULLY and check the appropriate box.

What is your status?

- ☐ Officer
- ☐ Warrant Officer
- ☐ Enlisted
- ☐ Family Member
- ☐ Department of the Army Civilian

Please check your Installation:

- ☐ Fort Wainwright
- ☐ Fort Richardson

Please list below the three areas that according to you are in urgent need of improvement.

1. _____
2. _____
3. _____